



AMENDMENT	Application #	09/966,761
	Confirmation #	6832
	Filing Date	October 1, 2001
	First Inventor	BARNES
	Art Unit	3727
	Examiner	Hylton, Robin Annette
	Docket #	P07353US00/MP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

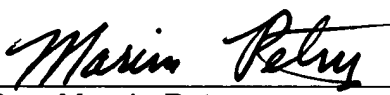
In response to the Office Action dated April 21, 2004, please consider the responsive **Remarks** provided herewith in **Attachment A**, and please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

In view of the amendments made and the remarks provided, it is submitted that the present application is in condition for allowance.

Respectfully submitted,

Date: June 28, 2004


By: Marvin Petry
Registration No.: 22752

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Customized PTO/SB/21 (04-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/966,761
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Total number of pages in this submission =	Docket #	P07353US00/MP

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> including Attachments A (remarks) & B (claims) <input type="checkbox"/> After Final Amendment/Reply including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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FEES CALCULATION: For claims if required and/or other fees as shown below:

	NOW	Previously Paid For	Present Extra	Rate	
<input type="checkbox"/> TOTAL CLAIMS	16	20		X \$ 18 =	
<input type="checkbox"/> INDEP. CLAIMS	3	3		X \$ 86 =	
TOTAL OF ABOVE CLAIMS FEES =					
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					0

☒ If no payment or an insufficient payment is enclosed and a fee is due in connection herewith, the Commissioner is authorized to charge any fee or additional fee due in connection herewith to Deposit Account No. 12-0555.

☒ In the event that a petition for extension of time is required to be submitted herewith and that a separate petition is not submitted herewith, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. Any fee is authorized above.

Date: June 28, 2004

By: Marvin Petry
Registration No.: 22752

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